

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-013770

STATE FILE NUMBER

FILED APR 16 1959

Registration District No.

156

Primary Registration District No.

2001

Registrar's No.

193

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Joplin</b>		c. CITY OR TOWN <b>Carthage</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>General Hospital</b>		d. STREET ADDRESS <b>301 W. 7th St</b>	
3. NAME OF DECEASED (Type or print) <b>MARY E. POINDEXTER</b>		4. DATE OF DEATH <b>April 5, 1959</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 12, 1878</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		11. BIRTHPLACE (City and state or country) <b>Lynchfield, Neb.</b>	
13a. FATHER'S NAME <b>David Kreighbaum</b>		14. NAME OF HUSBAND OR WIFE <b>George E. Poindexter</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		17. INFORMANT Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Azatemia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Surgical Shock</b> DUE TO (c) <b>Bowel Obstruction</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Nephro sclerosis, Chronic nephritis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>8 days</b>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>3/28/59</b> , to <b>4-5-59</b> and last saw her alive on <b>4/5/59</b> Death occurred at <b>3:55 PM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>DO</b>	
22b. ADDRESS <b>521 W. 4th., Joplin, Mo.</b>		22c. DATE SIGNED <b>4/6/59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>April 8, 59</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Fasken Cemetery</b>		23d. LOCATION (City, town, or county) <b>Carthage, Mo</b>	
24. FUNERAL DIRECTOR <b>Knell Mortuary, Carthage, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>4-10-59</b>	
26. REGISTRAR'S SIGNATURE <b>Nooe Merriam</b>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed ..... *Frank W. Kneel* .....

Licensed Embalmer No. 4440 .....

P. O. Address Carthage, Mo. .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.